

## Application or Docket Number

Application or Docket Number  
10/798 669

(Column 2)

**MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(f))**

**APPLICATION AS AMENDED – PART II**

OR

OTHER THAN  
SMALL ENTITY

OR

RATE (\$)	FEE (\$)
$\times 50 =$	
$\times 200 =$	
360	
TOTAL	

(Column 3)

**FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM. (37 CFR 1.16(f))**

**, OR**

OTHER THAN  
SMALL ENTITY

OR

OTHER THAN SMALL ENTITY	
RATE (\$)	ADDITIONAL FEE (\$)
x 50 =	100.00
x 200 =	
360	
TOTAL	100.00
ADD'L FEE	

**(Column 3)**

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))

OR

RATE (\$)	ADDITIONAL FEE (\$)
x 50 =	
x 200 =	
360	
TOTAL ADD'L FEE	

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.